Supplement 1. Reasons for Excluding Patients Receiving Medical Treatment for Cancer

We excluded admissions for medical treatment of cancer for two main reasons. First, these patients have much higher post-discharge mortality without readmission rates than patients with other conditions. Overall, 82% of patients with other conditions are not readmitted, and of the non-readmitted patients, only 3.9% die within 30 days of discharge. Thus, for most conditions we can assume that a patient who is not readmitted has had a good outcome and is doing well in the community. For the cohort of patients being medically treated for cancer, on the other hand, only 57% of patients are not readmitted, and of the non-readmitted patients, 23% die within 30 days of discharge. Therefore, lack of readmission may represent an adverse outcome for patients admitted for medical cancer treatment. Consequently, there is a risk that an institution with low readmission rates for patients being treated for cancer may be providing worse care than comparable institutions because more of its patients are dying post-discharge.

Second, hospital performance on readmission for patients admitted for medical treatment of cancer correlates poorly with hospital performance for patients admitted for other conditions (correlation coefficient 0.228), suggesting that it would not be suitable for inclusion in a composite measure of hospital performance on 30-day readmission. Admissions for surgical treatment of cancer are still included, as are admissions for patients with secondary diagnoses of cancer.